4-14-05

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APR 1 1 2005
ENT & TRADEMARK

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/764,133
Filing Date	January 23, 2004
First Named Inventor	Giovanni Cesura
Art Unit	2819
Examiner Name	Lam T. Mai
Attorney Docket No.	851863.410

ENCLOSURES (*check all that apply*)

☒ Fee Transmittal Form
  ☒ Fee Attached
☒ Amendment/Response
  ☐ After Final
  ☐ Affidavits/declaration(s)
☐ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement; Form PTO-1449
☐ Cited References
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts under 37 C.F.R. 1.52 or 1.53
☐ Response to Missing Parts/Incomplete Application

☒ Drawing(s)
☐ Request for Corrected Filing Receipt
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation, Change of Correspondence Address
☐ Declaration
☐ Statement under 37 CFR 3.73(b)
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____
  ☐ Landscape Table on CD

☐ After Allowance Communication to TC
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to TC *(Appeal Notice, Brief, Reply Brief)*
☐ Proprietary Information
☐ Status Letter
☒ Return Receipt Postcard
☐ Other Enclosure(s) (*please identify below*):
_____
_____
_____
_____

<u>Remarks</u> **1 Sheet of Replacement Drawings (Figure 1)**

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number **38106**
Signature	*E. Russell Tarleton*	
Printed Name	E. Russell Tarleton	
Date	April 11, 2005	Reg. No.	31,800

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	***SENT VIA EXPRESS MAIL***	
Typed or printed name		Date:

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).	**Complete if Known**	
	Application Number	10/764,133
FEE TRANSMITTAL for FY 2005	Filing Date	January 23, 2004
	First Named Inventor	Giovanni Cesura
	Examiner Name	Lam T. Mai
☒ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2819
TOTAL AMOUNT OF PAYMENT ($)**1,350**	Attorney Docket No.	851863.410

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: <u>19-1090</u>   Deposit Account Name: <u>Seed IP Law Group PLLC</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments   ☒ Charge any underpayments or credit any overpayments
of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		**Small Entity**		**Small Entity**	
Application Type	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**	**Multiple Dependent Claims**	
<u>31</u> -20 or HP =	<u>11</u> X	<u>50</u> =	<u>550</u>	**Fee ($)**	**Fee Paid ($)**

HP = highest number of total claims paid for, if greater than 20   _____   _____

Indep. Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
<u>8</u> -4 or HP =	<u>4</u> X	<u>200</u> =	<u>800</u>

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee ($)**	**Fee Paid ($)**
_____ -100 =	_____ /50 =	_____ (round **up** to a whole number) x	_____	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): _____	_____
_____	_____
_____	_____

SUBMITTED BY

Signature	*E. Russell Tarleton*	Registration No. (Attorney/Agent)	31,800	Telephone	206-622-4900
Name (Print/Type)	E. Russell Tarleton			Date	April 11, 2005

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